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POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	lit	922 907	06/29/01 10-10-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	6/29/01	10/29/01
2	✓		11/2/01
3	✓		
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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